<u></u>			وميين	mate for Form I	-10-015			l	) ['['[	5200
CLAIMS AS FILED - PART I (Column 1)				Columni 2)	2) SMALL ENTITY		OR		ER THAN LL ENTITY	
FOR		NUM	NUMBER FILED		MBER EXTRA	RATE	FEE	7	RATE	FCC
	SIC FEE CFR 1.16(a))						s	OR	NATE	, AMI
TOTAL CLAIMS (37 CFR 1.16(c))		10	/ / minus 20 = .				-		<del></del>	1:-
	EPENDENT CLA	IMS 2	minus		<u> </u>	× \$		OR	× \$=	10
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						× \$		OR	× \$=	1 5
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL	=	OR	+ \$=	MAIN
						TOTAL	· <u>L</u>	OR	- TOTAL	110
CLAIMS AS AMENDED - PART II									. •	
0	10101	(Column 1)	•	(Column 2) (Column 3)			LL ENTITY	OR -		R THAN L ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT	RATE	ADDI-	1 .	RATE	ADD)
	Total	AMENDMENT	Minus	PAID FOR			TIONAL FEE			TIONAL .
	(37 CFR 1.16(c))	10		20		x s	=	OR	x s=	/
	(37 CFR 1.16(b))	12	Minus	3		X \$	=	OR	x \$=	(
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$		OR	+5 /=	
						TOTAL ADD'L FE		OR	TOTAL ADDX FEE	
		(Column 1)	•	(Column 2)	(Column 3)				ADDL! CE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	]	RATE	ADDI- TIONAL
	Total (37 CFR 1.16(c))	•	Minus	**	2	X \$ :	1		x \$ =	FEE
	Independent (37 CFR 1.16(b))	•	Minus		=	x \$ =		OR		
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ s	<del> </del>	OR OR	X \$=	
						TOTAL ADD'L FEE		OR	TOTAL	
		(Column 1)		(Column 2)	(Column 2)		<u> </u>	UK	ADD'L FEE	<u> </u>
O		CLAIMS		HIGHEST	(Column 3)		Ţ:	1		
AMENDMENT (		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	. :	RATE	ADDI- TIONAL
	Total (37 CFR 1.16(c))		Minus	**	=	× \$ =		OR	x \$ =	FEE
	Independent (37 CFR 1.16(b))	•	Minus	***	=	× \$=		OR	X \$_ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+s =		OR	+ 5 =	
								OR	TOTAL ADD'L FEE	
ADD'L FEE     OR ADD'L FEE     OR ADD'L FEE     If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".										
if the "Inject Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.